


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90114 045 \*\*\*150.00

<b>DOCUMENT # 475124</b>	
1. Entity Name <b>OLIVE BRANCH GROVE, INC.</b>	

Principal Place of Business <b>3297 CR 664 BOWLING GREEN FL 33834 US</b>	Mailing Address <b>3297 CR 664 BOWLING GREEN FL 33834 US</b>
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2. Principal Place of Business	3. Mailing Address <b>P.O. BOX 1194</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BOWLING GREEN, FL</b>	City & State <b>BOWLING GREEN, FL</b>
Zip <b>33834</b>	Country <b>HARDEE</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-1619272</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>MOEGERLE, JANE 2241 RISING CREEK CT DUNEDIN FL 34698</b>		7. Name and Address of New Registered Agent Name <b>MOEGERLE, JANE</b> Street Address (P.O. Box Number is Not Acceptable) <b>237 PELICAN DR. N.</b> City <b>OLDSMAR, FL</b> Zip Code <b>34677</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOEGERLE, JANE S 2241 RISING CREEK CT DUNEDIN FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOEGERLE, JANE S. 237 PELICAN DR. N. OLDSMAR, FL. 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERRON, CLAUDEENE 3297 CR 664 BOWLING GREEN FL 33834 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERRON, CLAUDEENE P.O. BOX 1194 BOWLING GREEN, FL. 33834 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JOSEPH F 3205 CR 664 BOWLING GREEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOEGERLE, GEREN C 2241 RISING CREEK CT DUNEDIN FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOEGERLE, GEREN C. 237 PELICAN DR. N. OLDSMAR, FL. 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRON, COHEN 3297 CR 664 BOWLING GREEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRON, COHEN P.O. BOX 1194 BOWLING GREEN, FL. 33834 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOSEPHENE 3205 CR 664 BOWLING GREEN FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Claudeene Herron **Claudeene Herron (STD)** 4-1-05 863-767-0371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #